



Service Agreement

Owensboro Placenta Encapsulation | 270-681-0780

This service agreement is dated and is between:

CLIENT INFORMATION

Full Name

Address

City

State / Province

ZIP / Postal Code

Phone

SERVICE PROVIDER INFORMATION

Full Name

City

State / Province

ZIP / Postal Code

Phone

Collectively, the "**Client**" and the "**Service Provider**" will be referred to as the "**Parties**".

The Client wishes to retain the Service Provider for the provision of placenta encapsulation services as set out below, and the Service Provider wishes to supply such services.

The Parties therefore agree as follows:

1. Term

This Agreement commences on the date first written above and ends after the capsules are received by the Client.

2. Services

a) The Service Provider shall perform "**Services**" as described below in accordance with this Agreement and in a professional and respectful manner with the Client's safety and best interests in mind.

Placenta Encapsulation

The Service Provider will encapsulate the Client's placenta postpartum. Placenta encapsulation is the process of turning a placenta into powder form and then putting the powder into ingestible capsules. Throughout the entire process the Service Provider will adhere to strict cleanliness and food safety standards. The Service Provider has training in food handling safety and will ensure the highest quality process. The Service Provider will either take the intact raw placenta and dehydrate it to then be able to grind the dehydrated placenta into powder form or they will steam the placenta before dehydrating it. The powder will then be 'encapsulated' with the intent of being ingested only by the person who produced the placenta.

Benefits of Ingesting the Placenta

While a lot more research needs to be completed in this field, suggested benefits of placenta ingestion include:

- reintroduction of helpful vitamins, minerals, proteins, and hormones
- reduce the risk and/or severity of postpartum mood disorders
- improve breast milk production
- improve overall postpartum healing
- improve energy levels

The Service Provider is NOT a licensed medical professional and is therefore NOT able to diagnose, treat, or prescribe for any health condition. The placenta capsules are NOT a medical treatment or prescription and they are NOT designed to reverse or treat medical conditions or symptoms. Placenta capsules are NOT intended to replace medical treatment or seeking medical advice from a healthcare professional.

Adverse Reactions

Each individual person may react differently to ingesting their placenta capsules. It is the Client's responsibility to determine whether or not ingesting their placenta capsules will benefit them postpartum. It is also the Client's responsibility to stop ingesting the placenta capsules if they have an unwanted or negative side effect and to seek medical attention. The benefits of ingesting placenta capsules has NOT been evaluated by the Food and Drug Administration (FDA) and it is ultimately up to the Client to weigh the risks and benefits of consuming their own placenta.

Placenta Preparation Options

- Raw Method
- Steamed Method
- Half and Half

Service Options

- All capsules (typically 80-200 depending on the size of the placenta)
- Smoothie
- Tincture

b) The Service Provider is competent and fully qualified to perform the Services outlined above.

3. Client Responsibilities

The Client must inform the Service Provider as soon as possible after the birth and inform the Service Provider when the placenta will be delivered. If the Client wishes to have the Service Provider pick up the placenta from the birthing location then this needs to be arranged ahead of time and is subject to additional fees. A placenta may remain at room temperature for a MAXIMUM of 4 hours, however it is preferred that the placenta be placed in a cooler with ice or refrigerator as soon as possible. A placenta may stay refrigerated for up to 5 days and it may be frozen for up to 6 months before being processed.

The Client will inform the Service Provider of any known blood-borne illnesses or other health conditions that may be transported via blood or other bodily fluids including but not limited to HIV, hepatitis, and strep B. The Client is to provide a copy of their most recent blood work to the Service Provider.

If the Client, for any reason, decides to not have the Service Provider encapsulate their placenta after the Client has signed this contract, kindly inform the Service Provider as soon as possible.

4. Confidentiality

The Client gives the Service Provider permission to keep professional records, including personal health information about the Client. The Client's records will be shared with the appropriate person if anyone else is required to participate in any part of the Services outlined in this Agreement (for example in the case of illness or emergency of the Service Provider). The Service Provider agrees to keep the Client's personal and health information confidential.

By signing this Service Agreement it is declared that the Terms of this Agreement are fully understood by the Client and the Service Provider.

Client's Name (Please Print)

Service Provider's Name (Please Print)

Date (Month/Day/Year)

Date (Month/Day/Year)

Client's Signature

Service Provider's Signature



Financial Agreement

Owensboro Placenta Encapsulation | 270-681-0780

This financial agreement is dated [REDACTED] and is between:
[REDACTED] (Client) and [REDACTED] (Service Provider).

The fee for placenta encapsulation includes:

- Initial consultation to complete appropriate forms and answer any questions the Client may have
- Placenta preparation, dehydration, and encapsulation processes
- Written instructions for the proper storage and usage of the placenta capsules

The Service Provider will notify the Client when the capsules are ready for pick up. The Client, or someone on behalf of the Client, is responsible for picking up the placenta capsules within the Service Provider's business hours (Monday to Friday from 8:30AM-3:30PM) at specified location.

Please note: if you would like the Service Provider to pick up the placenta it will be an additional \$50 charge (within a 50 mile radius of the Service Provider's home; additional distance is subject to additional charges). Otherwise the Client (or someone on the Client's behalf) must deliver the placenta to 9979 Morgantown Rd, Whitesville, KY 42378

If the Client voluntarily terminates the Service Agreement for any reason after it has been signed then no refund will be provided.

If the Service Provider already has the placenta and the Client decides that they would no longer like to go forward with the placenta encapsulation services then the Service Provider will return to placenta to the Client for disposal.

If the Service Provider is unable to complete the placenta encapsulation services within one week of the infant's birth then a full refund will be issued.

If the Client's placenta is deemed unusable (infection or other pathology) then a refund will be issued to the Client minus the Service Provider's processing fee.

If the Client's placenta is unsafe to use because the Client fails to follow instructions (refrigerate immediately, no contact with chemicals, etc.) then no refund will be provided.

Fee Schedule

\$225 Placenta Encapsulation

\$50 Placenta Pick Up Fee (within 50 miles)

Payment of Fees

Half of the total amount owing is due on the date of this signed Agreement. The remainder of the fee is due when the Client is 36 weeks gestation. If a payment plan or other alternate means of payment are to be used, they must be in writing before signing this Agreement. The Service Provider accepts cash, check, Venmo, or Square as means of payment.

Client's Name (Please Print)

Service Provider's Name (Please Print)

Date (Month/Day/Year)

Date (Month/Day/Year)

Client's Signature

Service Provider's Signature



Liability Release Agreement

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The Client acknowledges that receiving services from the Service Provider does not prevent the potential of an adverse event from ingesting placenta capsules or otherwise using their own placenta. As outlined in the Service Agreement, the Service Provider is not a medical professional and will not give medical advice. It is solely the responsibility of the Client to seek medical care as needed.

The Client (and anyone claiming on the Client's behalf) agrees to not make a claim or take proceedings against the Service Provider (and any affiliates, successors, employees, representatives, or partners; collectively referred to as the **"Released Parties"**) for any reason. The Client and all relevant parties intend this Agreement to be a complete release and discharge the Service Provider of all liability of any damages which may accrue as a result of using the placenta encapsulation services of the Service Provider.

The Client and all relevant parties forever discharge the Service Provider and all Released Parties from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which the Client has, ever had, or may in the future have against the Service Provider or any of the Released Parties.

This release may not be altered, amended or modified, except by a written document signed by both parties. Both parties represent they fully understand their right to review all aspects of this Release with attorneys of their choice.

Client's Name (Please Print)

Service Provider's Name (Please Print)

Date (Month/Day/Year)

Date (Month/Day/Year)

Client's Signature

Service Provider's Signature



Media Release Form

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☐ I authorize [redacted] to take photographs of my placenta in connection with the outlined placenta encapsulation services.

☐ Yes, I authorize [redacted] to use photographs of my placenta in any form, with or without my name, for any lawful purpose including but not limited to advertising, publicity, website content, and educational purposes. The images may be used on social media sites including but not limited to Instagram, Facebook, and Pinterest. I hereby waive the right to royalties or other compensation related to the use of any photographs taken by the Service Provider.

I prefer that with an image of my placenta:

☐ My full name is used ☐ Only my first name is used ☐ No name is used

☐ No, I do not authorize [redacted] to use photographs of my placenta in any form, with or without my name, for any lawful purpose.

I have read this form in it's entirety before signing and I understand the contents of this release.

Client's Name (Please Print)

[redacted]

Client's Signature

[redacted]

Date (Month/Day/Year)

[redacted] / [redacted] / [redacted]

Intake Form



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Date (Month/Day/Year)

/ /

CLIENT INFORMATION

Full Name

Phone Number

Address

Email Address

City

State / Province

Preferred Pronouns

ZIP / Postal Code

Phone

Estimated Due Date

PARTNER INFORMATION

Full Name

Phone Number

Preferred Pronouns

Email Address

CONTACT PERSON FOR PICK-UP / DELIVERY (if different from above)

Full Name

Phone Number

Relationship

Email Address

The Details



Planned Birthing Location

Healthcare Provider (HCP)

Birthing Location Address

Do you have a copy of your most recent bloodwork?

City

State / Province

ZIP / Postal Code

Phone

Are you prepared to store you placenta postpartum if needed?

MEDICAL HISTORY

Allergies (food, environmental, and/or medications)

Diagnosed Health / Medical Conditions

Current Medications, Vitamins, and Supplements (please include herbs and essential oils if applicable)

Anything else you would like to share?

Preparation



PLACENTA PREPARATION

Please indicate which placenta preparation method you would prefer

- ☐ Raw Method
- ☐ Steamed Method-->This is most common method and the one we recommend.
- ☐ Half raw and half steamed

STEAMING ADD-INS

Please indicate if you would like a steaming add in (if you chose steamed method for placenta preparation above) NOTE: This will only be available if notified in advance

- | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Lemon | <input type="checkbox"/> Ginger | <input type="checkbox"/> Cherry |
| <input type="checkbox"/> Myrrh | <input type="checkbox"/> Jalapeno | <input type="checkbox"/> Cinnamon |
| <input type="checkbox"/> Frankincense | <input type="checkbox"/> Lavender | <input type="checkbox"/> None |

COMPLIMENTARY KEEPSAKE

If enough intact cord is kept with the placenta I will gladly create a complimentary keepsake for you. Please understand this is not guaranteed. Please choose from the options below.

- | | |
|--|--|
| <input type="checkbox"/> Infinity loop | <input type="checkbox"/> Spiral |
| <input type="checkbox"/> Heart shape | <input type="checkbox"/> Circle shape |
| <input type="checkbox"/> Infant's initials | <input type="checkbox"/> No keepsake preferred |

ADDITIONAL SERVICES

In addition to placenta encapsulation there are other keepsakes and items that can be created with your placenta, please indicate if you would like any of the additional services below

- ☐ Placenta Prints 12x12 (\$5 per print)
- ☐ Tincture (placenta infused vodka) (\$40 for 4oz)
- ☐ Placenta Smoothie 2 servings (\$40)
- ☐ Other Request (please indicate below if you have a specific request)

Next Steps



270.681.0780



You've made it this far - now what? Email me a completed copy of this intake form and I will be in touch shortly! In the meantime, we are working on getting lots of free resources on our social media! Let us know what questions you have- because others probably have them too!

YOU'VE GOT THIS MAMA!

egrant0411@gmail.com



CONNECT WITH US ON SOCIAL MEDIA!

Invoice



INVOICE #
DATE:

Owensboro Placenta Encapsulation
9979 Morgantown Rd.
Whitesville, KY 42378
270-681-0780

Payable via Check,
Venmo, Square and/or
cash.

To:

E-transfer to
egranto411@gmailom

Make all checks
payable to:
Emma Grant

DESCRIPTION OF SERVICES	AMOUNT
Placenta Encapsulation	\$
Placenta Pick Up Fee	\$
Taxes (GST + HST)	
TOTAL AMOUNT OWING	\$
TOTAL DUE -----	\$